



# COOPERATIVE WORK EXPERIENCE JOB DUTIES FORM

EARLY CHILDHOOD EDUCATION (2940) /  
EARLY CHILDHOOD DEVELOPMENT (5134)

Student \_\_\_\_\_ Semester \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Thank you for offering our student a Cooperative Work Experience with your organization. Information on the Cooperative Work Experience expectations is provided in the attached COOPERATIVE WORK EXPERIENCE APPROVAL FORM.

Please summarize below the activities that the student will be engaged in during the semester:

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## Signatures

\_\_\_\_\_  
Employer Supervisor Date

**Melissa Kasmin**  
\_\_\_\_\_  
CCM Faculty Advisor Date

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Career Services & Cooperative Education Date